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•	Commissioner of Patents
FAX NO.:	703-872-9306
FROM:	Eamon J. Wall
DATE:	March /6 , 2004
MATTER:	Serial No. 09/458,796 Filed: December 9, 1999
DOCKET NO.:	DIVA/245CIP3
APPLICANT:	GORDON ET AL.
The following has been t	eceived in the U.S. Patent and Trademark Office on the date of this facsimile:
Petition Disclosure Statement Priority Document Drawings (she X Response Under 37 X Extension Request (Deposit Account Transaction Eacts) informal CFR 1.116. Deposit Account Transaction Facsimile Transmission Certificate dated March , 2004
I hereby certify Patents on March	that this correspondence is being transmitted by facsimile to the Commissioner for, Facsimile No
Albert Gamble Name of person signing	

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		_			PTO/SB/21 (08-00) for use through 10/31/2002. OMB 0651-0031		
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Under the Paperwork Res	duction Act of 1995, no	betanua sue Le	dripped po Lea	pand to a collection of Intom	omical U.S. DEPART MEET OMB control number.		
		Application Number		09/458,796			
TRANSMITTAL			Filing Date		December 9, 1999		
FORM			First Named Inventor		Gordon et al.		
(to be used for all correspondence after initial filing)			Group /	Art Unit	2611		
(10 20 200 10 21 21 21 21 21			Examin	er Name	Huynh, Son P.		
Total Number of Pages	in This Submission	122	Attorne	y Docket Number	DIVA/245CIP3		
		ENCL	OSURES	(check all that apply)			
Fee Transmittal Fo	лп	Assignment Papers (for an Application)		ers	After Allowance Communication to Group		
Fee Attached		☐ Drawing(s)			Appeal Communication to Board of Appeals and Interferences		
Amendment / Resp	егпос	Licensing-related Papers			Appeal Communication to Group (Appeal Natice, Brief, Reply Brief)		
After Final		Petition Routing Slip (PTO/SB/69) and Accompanying Petition			Proprietary Information		
Affidavits/decla	Affidavits/declaration(s)		on to Convisional Appl		Status Letter		
Extension of Time month)	Request (1-	Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please Identify below):		
,	•	☐ Termi	inal Disclai	mer	Certificate of Facsimile Transmission		
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Document(s)		Rem	Remarks facilitate that charge enclosed		e, a duplicate copy of this letter is		
Response to Miss				J			
Response to Missing Parls under 37 CFR							
1.52 or 1.53		<u> </u>			<u> </u>		
	SIGNA	TURE OF	APPLIC	ANT, ATTORNEY, C	DR AGENT		
Firm or Individual name	Earnon J. Wall, Reg. No. 39,414						
Signature	Par						
Signature 6/Mall							
Date							
Thankers	CERTIFI	CATE OF	TRANS	MISSION UNDER	37/C.F.R. \$1.8 csimile to the Commissioner for Patents,		
Alexandria, VA 22	313-1450 on	March/	6 2	004, Facsimile No.	(703) 872-930 <u>6</u>		
	•				e March / 6 , 2004		
Alberta Gamble Name of person sig	ning this certific		المعتادية	Signature and	d date		

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	Complete if Known						
FEE TRANSMITTAL	Application Number 09/4			09/458	458,796		
for FY 2003				December 9, 1999			
10111 2000	Filing Date			Gerdo			
and the second second	111011101110			Gordon et al.			
Patent fees are subject to annual revision.					Huynh, Son Pi		
	Giodp / / in Com			2611			
TOTAL AMOUNT OF PAYMENT (\$) 110.00	Attorney Docket No. DI			DIVA	/A/245CIP3		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
	3. ADDITIONAL FEES : Large Small						
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order	.	Entity	Fee	Entity Fee		Fee	
☑ Deposit Account:	Foods.	(3)	Code	(\$)	Fee Description	Paid	
Deposit Account 20-0782	105 127	130 50	205 227	65 25	Surcharge - late filing fee or cath Surcharge - late provisional filing fec or cover sheet.		
Number	139	13D	139	130	Non-English spedification		
Deposit Account Moser, Patterson & Sheridan	147	2,520	147	2,520	For filing a request for reexamination		
Name	112	920°	112	a30.	Requesting publication of SIR prior to Examiner action		
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	113	1,840*	113	t,840°	Requesting publication of SIR after Examiner action		
☐ Charge any additional fee(s) during the pandency of this application ☐ Charge fee(s) indicated below, except for the filling fee	115	110	215	55	Extension for raply within first month	\$110	
to the above-identified deposit account. FEE CALCULATION	116	400	218	200	Extension for reply within second month		
1. BASIC FILING FEE	117	920	217	450 700	Extension for reply within third month	\vdash	
Large Entity Small Entity	118	1,440	218	720	Extension for reply within fourth month		
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paki	128	1,960	225	980	Extension for reply within fifth month		
101 740 201 370 Utility filing fee	119 120	320 320	219 220	160 160	Notice of Appeal Filing a brief in support of an appeal	 	
106 330 206 165 Design filling fee	121	280	221	140	Request for one hearing		
108 740 208 370 Release filing fee	138	1,510	138	1 1,510	Pettion to Institute a public use		
114 160 214 80 Provisional filling fee	140	110	240	55	proceeding Petition to revive — unavoidable		
SUBTOTAL (1) (3)	141	1,280	241	640	Petition to revive - unintentional		
2. EXTRA CLAIM FEES	142	1,280 460	242 243	640 230	Utility laaue fee (or reissue) Design issue fee	\vdash	
Extra Fee from Fee	143	620	244	310	Plant Issue fee		
Total Claims -20 - = 0 x 18 = 0	122	130	122	130	Petitions to the Commissioner		
Independent	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	\vdash	
Claims	128	180	125	180	Submission of information Disclosure Stmt		
Multiple X 0	581	40	581	40	Recording each patent assignment per property (times number of		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	146	740	245	370	properties) Filing a submission after final rejection (37 CFR § 1.129(a))		
103 18 203 Claims in excess of 20	149	740	249	370	For each additional invention to be		
102 86 202 Independent claims in excess of 3 104 290 204 Multiple dependent claim, if not paid					examined (37 CFR § 1.129(b))	\vdash	
- Raissue independent claims over	179	740	279	370	Request for Continued Examination (RCE)		
109 B4 209 artginal palent **Reissue claims in excess of 20 and	169	900	169	\$00	Request for expedited examination of a design application		
SUBTOTAL () (\$) 0.00	Othe	rfeo (spec	(N)	_			
or number previously paid, if greater, For Reissues, see above	-Rec	tuced ['] by E	lasic Fil	ing Fee F	Paid SUBTOTAL (3) (5) 11	0.00	
SUBMITTED BY		+		#	Complete (if applicable)		
Name (Print/Type) Eamon J. Wall Registration No. Attorn	ney/Ager	10 3	3, 414		Telephone (732) 530-9404	•	
Signature [INJoll		<u> </u>		<u> </u>	Date March /6 .2	004	

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